

MEMORANDUM

TO: ALL LOAN BROKERS DOING BUSINESS IN INDIANA AND ORIGINATORS ENGAGING
IN ORINATION ACTIVITES ON BEHALF OF A LOAN BROKER
FROM: INDIANA SECURITIES DIVISION
RE: LICENSING AND REGISTRATION REQUIREMENTS FOR LOAN BROKERS AND THEIR
ORIGINATORS

Pursuant to Indiana Code § 23-2-5, a loan broker may not engage in the loan brokering business or an originator may not engage in origination activities on behalf of a loan broker, unless the loan broker obtains a license and registers all persons engaging in origination activities on its behalf, or be in violation of the law.

To obtain a license and register originators, submit the following to the Division:

***Properly completed loan broker license application and properly completed registration form for each originator engaging in origination activities on its behalf; proving they've completed the educational requirements**

*\$200 application fee;

*An **original surety bond** in the amount of \$50,000 expiring **12/31/03**,
with an original power of attorney;

*Proof of proper business filing of your corporation, LLC, LLP, or LP.

The Securities Division is authorized to conduct a background investigation and examination in connection with any application for a license or registration certificate. It is unlawful to engage in loan brokering in the State of Indiana, or allow originators to engage in origination activities on your behalf, until a license becomes effective and registration certificates have been completed and filed with the Division.

Enclosed are a loan broker license application, the Indiana Registration Form for Origination Activities, and the Indiana Loan Broker Act. For questions, please call the Securities Division at (317) 232-6681.

INSTRUCTIONS FOR COMPLETING LOAN BROKER LICENSE APPLICATION AND INDIANA REGISTRATION FORM FOR ORINATION ACTIVITIES

1. License application and registration form must be typed or printed. Ones that are illegible or hard to read will be returned.
2. List the name, address, telephone number, and fax number for a contact person for Indiana branch offices on license form and registration form, or separate sheets of paper.
3. If the signature sections of the license application and the registration forms are not signed or filled out properly, a new application with new notarization or new registration form will be required. Be sure that the form is fully executed prior to notarization.
4. If you intend to use a "doing business as name (assumed business name)" for your loan broker business, please check with Indiana Corporations Division for the filing requirements at (317) 232-6576. This information is available with fax back lines or at the Corporations Web Site <http://www.ai.org/sos/> or <http://www.state.in.us/sos>.

INDIANA APPLICATION FOR LICENSE AS A LOAN BROKER

State Form 38168 (R2 / 12-97) / Form SD-85

Approved by State Board of Accounts 1999

SUE ANNE GILROY
SECRETARY OF STATE
SECURITIES DIVISION
302 W. WASHINGTON ST.
ROOM E-111
INDIANAPOLIS, IN 46204
TELEPHONE: (317) 232-6681

INSTRUCTIONS: 1) Complete all sections.

- 2) The applicant must obtain a bond in the form on pages 4 and 5 of
This application, from a surety company authorized to do business
In Indiana. Evidence of the Bond must be filed with this application.

- 3) If the space provided for your answer(s) is insufficient, please attach additional explanation(s).

Indiana Code 23-2-5

INITIAL REGISTRATION: FILING FEE \$200.00**RENEWAL: FILING FEE \$200.00**

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LIMITED LIABILITY PARTNERSHIP (LLP) ☐ LIMITED LIABILITY COMPANY (LLC) ☐ CORPORATION

NAME OF APPLICANT, INDIVIDUAL, OR FIRM

ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)

TAXPAYER I.D. NUMBER

NAME(S) UNDER WHICH BUSINESS IS CONDUCTED, IF DIFFERENT

TELEPHONE NUMBER

PRINCIPAL TO WHOM CORRESPONDENCE MAY BE ADDRESSED

ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PLACE OF BIRTH

PRINCIPAL'S HOME ADDRESS (AND PRIOR ADDRESS IF LESS THAN TWO YEARS AT PRESENT ADDRESS)

STATE THE ADDRESS OF EACH PLACE OF BUSINESS TO BE MAINTAINED BY THE LOAN BROKER IN INDIANA

ADDRESS (NUMBER AND STREET, CITY, ZIPCODE & PHONE NUMBER)

ADDRESS (NUMBER AND STREET, CITY, ZIPCODE & PHONE NUMBER)

ADDRESS (NUMBER AND STREET, CITY, ZIPCODE & PHONE NUMBER)

HAS THE BROKER, ANY AFFILIATE, OR EMPLOYEE, BEEN CONVICTED, WITHIN THE PAST TEN (10) YEARS, OF ANY CRIME INVOLVING FRAUD
OR DECEIT?

☐ YES☐ NO

(IF YES, PLEASE SET FORTH THE CIRCUMSTANCES IN DETAIL BELOW.)

EDUCATIONAL REQUIREMENTS

I HEREBY CERTIFY THAT DURING THE LAST 24 MONTH PERIOD IMMEDIATELY PROCEEDING THIS APPLICATION THAT I, IN THE CASE OF AN INDIVIDUAL APPLICANT, OR THE FOLLOWING NAMED PRINCIPAL IN THE CASE OF A FIRM, COMPLETED _____ HOURS OF ACADEMIC INSTRUCTION, ACCEPTABLE TO THE COMMISSIONER, RELATED TO THE LOAN BROKER BUSINESS.

NAME: _____

TITLE: _____

CLASS/SPONSOR

DATE

NUMBER OF HOURS

EMPLOYEES AND AGENTS ENGAGED IN ORIGATION ACTIVITIES

A FULLY COMPLETED REGISTRATION FORM (STATE FORM 49718) SETTING FORTH THE NAME, ADDRESS, HOME PHONE NUMBER, AND SOCIAL SECURITY NUMBER OF EACH EMPLOYEE OR AGENT, OR PROSPECTIVE EMPLOYEE OR AGENT, OF THE APPLICANT WHO IS OR WHO WILL BE ENGAGED IN ORIGATION ACTIVITIES MUST BE ATTACHED TO THIS APPLICATION.

AFFIDAVIT

I, _____, AS APPLICANT (IF AN INDIVIDUAL) OR AS A PRINCIPAL (IF A CORPORATION, PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, OR LIMITED LIABILITY COMPANY), DO SOLEMNLY SWEAR THAT:

- (A) NONE OF THE APPLICANT'S EQUITABLE OWNERS, DIRECTORS, MANAGERS, OR OFFICERS HAVE BEEN CONVICTED, IN ANY JURISDICTION OF AN OFFENSE INVOLVING FRAUD OR DECEPTION THAT IS PUNISHABLE BY AT LEAST ONE (1) YEAR OF IMPRISONMENT.
- (B) A REGISTRATION FORM SETTING FORTH THE NAME, HOME ADDRESS, HOME TELEPHONE NUMBER, AND SOCIAL SECURITY NUMBER OF EACH EMPLOYEE OR AGENT, OR PROSPECTIVE EMPLOYEE OR AGENT, OF THE APPLICANT WHO IS OR WILL BE ENGAGED IN ORIGATION ACTIVITIES MUST BE ATTACHED TO THIS APPLICATION.

I FURTHER SWEAR AND AFFIRM THAT THE FOREGOING ANSWERS AND STATEMENTS IN THIS APPLICATION AND ANY RELATED FORMS WERE MADE BY ME AND THAT THEY ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NOTARY CERTIFICATE (Attested)

STATE OF _____

}SS:

COUNTY OF _____

I, _____, having been duly sworn, say that I am the above-named applicant, that I Have personally prepared the foregoing application, and the same is true to the best of my knowledge and belief.

Signature of applicant

Signature of Notary Public

Printed or typed name of applicant

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public

County of Residence

Date Commission Expires

CONSENT TO SERVICE OF PROCESS		
<p>THE UNDERSIGNED, (A CORPORATION) (A LLC) (A LLP) (ORGANIZED UNDER THE LAWS OF THE STATE OF _____) APPOINTS THE SECRETARY OF STATE OF INDIANA, AND THE SUCCESSORS IN SUCH OFFICE, ITS ATTORNEY IN THE STATE OF INDIANA UPON WHOM MAY BE SERVED ANY NOTICE, PROCESS OR PLEADING IN ANY ACTION OR PROCEEDING AGAINST IT ARISING OUT OF OR IN CONNECTION WITH THE CONDUCT OF A LOAN BROKER BUSINESS OR OUT OF VIOLATION OF THE LAWS OF INDIANA; AND THE UNDERSIGNED DOES HEREBY CONSENT THAT ANY SUCH ACTION OR PROCEEDING AGAINST IT MAY BE COMMENCED IN ANY COURT OF COMPETENT JURISDICTION AND PROPER VENUE WITHIN INDIANA BY SERVICE OF PROCESS UPON SAID OFFICER WITH THE SAME EFFECT AS IF THE UNDERSIGNED WAS ORGANIZED OR CREATED UNDER THE LAWS IF INDIANA AND HAS LAWFULLY BEEN SERVED WITH THE PROCESS IN INDIANA. IT IS REQUESTED THAT A COPY OF ANY NOTICE, PROCESS OR PLEADING SERVED HEREUNDER BE MAILED TO:</p>		
NAME _____		
ADDRESS (NUMBER AND STREET, CITY, STATE AND ZIPCODE) _____		
SIGNATURE _____	TITLE _____	DATE _____
SIGNATURE _____	TITLE _____	DATE _____

CORPORATE (OR LLC) ACKNOWLEDGEMENT		
<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>ON THIS _____ DAY OF _____, _____, BEFORE ME _____</p> <p>THE UNDERSIGNED OFFICER OR MANAGER, PERSONALLY APPEARED _____ AND _____, KNOWN PERSONALLY TO ME TO BE THE _____ AND _____, RESPECTIVELY, OF THE ABOVE NAMED CORPORATION OR LLC, AND THAT THEY, AS SUCH OFFICERS OR MANAGERS, BEING AUTHORIZED TO DO SO, EXECUTED THE FOREGOING INSTRUMENT FOR THE PURPOSES THEREIN CONTAINED, BY SIGNING THE NAME OF THE CORPORATION OR LLC BY THEMSELVES AS SUCH OFFICERS OR MANAGERS.</p>		
(SEAL)		SIGNATURE OF NOTARY
COUNTY OF RESIDENCE	DATE COMISSION EXPIRES	NAME OF NOTARY (TYPE OR PRINT)

INDIVIDUAL OR PARTNERSHIP OR LLP ACKNOWLEDGEMENT		
<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>ON THIS _____ DAY OF _____, _____, BEFORE ME _____</p> <p>THE UNDERSIGNED OFFICER, PERSONALLY APPEARED _____ PERSONALLY KNOWN TO ME TO BE THE SAME PERSON(S) WHOSE NAME(S) IS (ARE) SIGNED TO THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED THE EXECUTION THEREOF FOR THE USES AND PURPOSES HEREIN SET FORTH. I WITNESS WHERE OF, I HAVE HERE UNTO SET MY HAND AND OFFICIAL SEAL.</p>		
(SEAL)		SIGNATURE OF NOTARY
COUNTY OF RESIDENCE	DATE COMISSION EXPIRES	NAME OF NOTARY (TYPE OR PRINT)

LOAN BROKER'S BOND

BOND NUMBER

VALIDATION DATES

FROM:

TO:12/31/02

SURETY PHONE NUMBER

KNOW ALL MEN BY THESE PRESENTS:

That we, _____, of _____
(Name of Principal) (City)

in the state of _____ as Principal, and _____
(Name of Surety)

a corporation organized and existing under and by virtue of the laws of the State of _____,
and duly authorized to transact the business of indemnity and suretyship in the State of Indiana, for the use and benefit of all
persons damaged by the breach of any of the conditions of this obligation, in the sum of Fifty Thousand (\$50,000) Dollars,
lawful money of the United States for the payment of which sum, will and truly to be made, we bind ourselves, our heirs
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above bounden Principal has made application to the Securities Commissioner of the State of Indiana for
license as a loan broker under the provision of IC 23-2-5 and is required by the provisions of said Law to furnish a corporate
surety bond in the sum above named, conditioned as herein set forth.

NOW, THEREFORE, if the said Principal shall faithfully comply with the provisions of IC 23-2-5 and shall pay to any person
entitled thereto all damages as may be caused to such person by the failure of the Principal to faithfully comply with the
provisions of said Act; and if said Principal shall pay to any person entitled thereto all damages as may be caused to any person
together with all penalties provided by IC 23-2-5-15 then this obligation shall be void; otherwise it shall remain in full force and
effect.

This bond is subject to the following provisions:

1. Any person who sustains such damages as covered by this bond may bring an action upon this bond; provided, however,
that the aggregate liability of the said Surety to all such persons shall, in no event, exceed the amount of the bond.
2. This bond shall be and remain in full force and effect and run concurrent with the license period and any renewal thereof,
until it is terminated by the said Surety giving written notice both to the said Principal and the Securities Commissioner of
Indiana thirty (30) days prior to the effective date thereof, of its intention to terminate its liability under this bond or until
the license of said Principal as such loan broker is terminated either by expiration without renewal or by revocation for any
cause.
3. Every person who has a cause of action under IC 23-2-5 may bring action upon this bond to enforce any liability on the
bond providing, however, that no suit on this bond may be maintained to enforce any liability on this bond unless brought
within two (2) years after the act upon which it is based.

IN WITNESS WHEREOF, the parties hereto have set their hand and seals this _____ day
of _____, _____.

Surety

Principal

CORPORATE OR LLC ACKNOWLEDGMENT		
<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED _____</p> <p>PRESIDENT OR MANAGER AND _____ SECRETARY OF _____</p> <p>A CORPORATION OR LLC, PRINCIPAL EACH OF WHOM ACKNOWLEDGE THE EXECUTION OF THE FOREGOING BOND FOR SUCH CORPORATION OR LLC FOR THE USES AND PURPOSES THEREIN SET FORTH.</p> <p>WITNESS MY HAND AND OFFICIAL SEAL THIS _____ DAY OF _____, _____</p> <p>(SEAL)</p>		
		SIGNATURE OF NOTARY
COUNTY OF RESIDENCE	DATE COMMISSION EXPIRES	NAME OF NOTARY (TYPE OR PRINT)

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT		
<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED _____,</p> <p>PRINCIPAL WHO ACKNOWLEDGED THE EXECUTION OF THE FOREGOING BOND FOR SUCH INDIVIDUAL OR PARTNERSHIP FOR THE USES AND PURPOSES THEREIN SET FORTH.</p> <p>WITNESS MY HAND AND OFFICIAL SEAL THIS _____ DAY OF _____, _____.</p> <p>(SEAL)</p>		
		SIGNATURE OF NOTARY
COUNTY OF RESIDENCE	DATE COMISSION EXPIRES	NAME OF NOTARY (TYPE OR PRINT)

INDIANA REGISTRATION FORM FOR ORIGATION ACTIVITIES
State Form 49718 (5-00)

INSTRUCTIONS: 1) Complete all Sections
2) If the spaces provided is insufficient, please attach
additional explanations
3) Please type or write legibly

SUE ANNE GILROY
SECRETARY OF STATE
SECURITIES DIVISION
302 W. WASHINGTON ST.
ROOM E-111
INDIANAPOLIS, IN 46204
317-232-6681
317-233-3675 FAX

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE NUMBER: _____

I HEREBY CERTIFY UNDER THE PENALTY OF PERJURY THAT DURING THE LAST _____
MONTH PERIOD IMMEDIATELY PRECEEDING THE APPLICATION THAT I COMPLETED
_____ HOURS OF ACADEMIC INSTRUCTION, ACCEPTABLE TO THE COMMISSIONER,
RELATED TO THE LOAN BROKERAGE BUSINESS.

SIGNATURE: _____

CLASS SPONSOR

DATE

NUMBER OF HOURS
